	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	COM	E SURVEY PLETED
		ALR-0018	B. WING	TAM 1		C 09/2014
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE	lw	
HE RES	IDENCES AT THOMA	SCIRCLE	SSACHUSET GTON, DC 20	15 AVEITOE, IIII		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	Health/Health Regul Administration (DOI alleging fraud, digni documents and a broature of the inform November 12, 2014 onsite investigation, Assisted Living Law Please Note. Listed in this report: Activities of Daily List Certified Nursing As Individualized Service Instrumental Activition Assisted Living Administration Administrator refuse Care status from Lereceive) to Basic anservices he/she is not november 13, 200 and prior to the meeting	, DOH/HRLA initiated an to verify compliance with the "DC Code § 44-101.01." Below are abbreviations used ving (ADL) sistant (CNA) se Plan (ISP) es of Daily Living (IADL) inistrator (ALA) certificalleged that vialue se Plan (ISP) dated July 30, without his/her consultation ting. In addition, the dochange his/her Level of vel 1 (which he/she does not dis being charged for or receiving. view and interviews starting 114 at approximately 11:30 aber 9, 2014, at approximately	R 000	This Plan of Correction is without denying or acknown the cited deficiencies exist correction is a requirement District of Columbia Department. R 000 What corrective action(sist accomplished to addressing deficient practice; For Allegation #4, "that the inaccurate information in medical record" the staff documents in the resident record will be inserviced accurate documentation. The documentation has accorrected going forward. What measures will be promised to ensure that the compactice does not recur; at the nursing staff will be interested.	owledging that ist. This plan of ent of the artment of) will be the identified the identified that tregarding tready been ut into place is you will deficient and in-serviced	f
1.	- Review of a " Histo	ry and Physical" dated	Т	regarding accurate docum	nentation.	
h Regulat	llon & Licensing Administ	ration	1			040 5 177
RATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REDRESENTATIVE'S SIGN	NATURE	ADMINISTRANCE		(X6) DATE

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 12/09/2014	
		ALR-0018				
	(EACH DEFICIENC	AS CIRCLE 1330 MAS	, ,	STATE, ZIP CODE ITS AVENUE, NW 0005 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLE DATE
R 000	required hands on - Review of a " Residated December 2, #1 had a Level 2 ca - Review of a "Level July 30, 2014, documented Reside assistance with bat meals. - Review of the "Far for Genworth Life Cound Resident #, documented additional or required additional or required additional or required additional or resident #, documented additional or required additional	documented that Resident #1 assistance with ADL's; ident Agreement" signed and 2009 documented Resident are status; al of Care Charge Form" dated amented Resident #1 had a	R 000	How the corrective action monitored to ensure the dipractice will not recur, i.e., quality assurance program implemented. The resident's record will be once a month for three mone findings will be reported to ensure accurate documents. Completion Date 1/31/15	eficient , what will be e reviewed nths and the QA to	
	Assignment Sheets through October 31 CNA's provided Res showers and/or ADI - Review of multiple Worksheets" dated through November CNA's provided sup					
		ALA on November 12, 2014, ately 1:00 p.m. revealed				

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MANGO	DINOVADED OF SUPERIOR			OTATE TIP COPE	12/03	// AU 14
	PROVIDER OR SUPPLIER BIDENCES AT THOMA	S CIRCLE 1330 MAS		STATE, ZIP CODE ITS AVENUE, NW 0005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
R 000	Continued From page	ge 2	R 000	A Samuel to the Control of the Contr	January appearance	ALLEY WATER CO.
		d Level 1 assistance with nands on assistance with yglene and meals.				
es.	2014 starting at app revealed that s/he n with bathing, person However, Resident:	ident #1 on November 13, iroximately 11:30 a.m., eeded intermittent assistance all hygiene and dressing. #1 stated, "I know I need use to ask for assistance until olved".				
	13, 2014, at approxi Resident #1 required bathing, personal hy Additionally, the ALF provided Resident #	LR manager on November mately 10:00 a.m., revealed d hands on assistance with giene and dressing. R manager indicated s/he 1 with the ISP and s/he was anges to the ISP prior to ISP 2014.				
	November 20, 2014 revealed mat sine of Information Form" in #1. Per his/her obse opinion of the nursin	acility's medical director on at approximately 9:50 a.m., omploted the "Facility Care" conjunction with Resident ervation and the professional g staff, Resident agrees that d hands on assistance with d personal hygiene.	221200	 Province and investment of the consequence 		
	approximately 9:50 a provided hands on a Resident #1 following July 31, - Interview with CNA	#2 on November 20, 2014,		į.		
	at approximately 10: only provided assista	15 a.m., revealed that s/he ance with IADL's;			İ	

	STATEMEN	th Regulation & Licensing Administration MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SURVEY	
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
			ALR-0018	B. WING			09/2014
	NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE		
	THE RES	SIDENCES AT THOM	AS CIRCLE	SACHUSET STON, DC 2	TS AVENUE, NW 0005		
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1	R 000	Continued From pa	age 3	R 000		10 10 10 10 10 10 10 10 10 10 10 10 10 1	Erre (WIXA) Endite
1000		at approximately 1/ had provided hand following July 31, 2	A #3 on November 20, 2014, 0:25 a.m., revealed that s/he s on assistance with ADL's 0:14 ISP meeting.		c		
		substantiated.					
		facility would not pa	sident #1 alleged that the ay for transportation for his/her And, the facility charged a fee if oup activities.		es.		
		on November 13, 2	eview and interviews starting 2014 at approximately 11:30 mber 9, 2014, at approximately ad the following:				
		Record Review					
-		review of the "Offsi that "transportation	, 2014, at approximately te Program" policy revealed /trips will be provided unity's standards for	enda se garen			anwand din seas
l		minimums".	,				
l		Interviews					
	â	2014, starting at ap revealed that the fa	sident #1 on November 13, proximately 11:30 a.m., cillty paid for an individual pendent living) to go to the		-		
	1	13, 2014, at approx administrator indica for an individual re- activity, however the	administrator on November dimately 2:00 p.m., the ated that the facility will not pay sident transportation to an ey will pay for transportation Additionally, the administrator				

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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE RE	SIDENCES AT THOMA	S CIRCLE	SACHUSET STON, DC 20	TS AVENUE, NW 0005		30/
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
R 000	Continued From pa		R 000		All the said of the said	0.11C0000000000000000000000000000000000
	indicated that aithou resident's individual coordination of trans	igh the facility will not pay for activities; they will assist with sportation.				
	Conclusion: This all substantled.	legation could not be				
	on November 13, 20	view and interviews starting 014 at approximately 11:30 ober 9, 2014, at approximately the following:				
	Record Review					
	p.m., review of the "	2014, at approximately 1:30 Outcome Referral" dated July			er se mel a locks der dem der der sein	Lawrence Contract
			To the state of th		The second	
	p.m., review of an er from the administrat made the complaint "anonymously" disci	2014, at approximately 2:00 mail dated July 16, 2014, or to the family member who indicated that he had ussed the concern with the orized wheelchair with the ".				
	Interviews					
		dent #1 on November 19, ely 12:00 p.m., revealed that				

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 12/09/2014 ALR-0018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW THE RESIDENCES AT THOMAS CIRCLE WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 Continued From page 5 a social worker accused him/her of operating his/her wheel chair "swiftly". Additionally, Resident #1 indicated that in the past s/he had bumped another resident's chair by accident. -Interview with the administrator on November 19, 2014, at approximately 2:00 p.m., revealed that a resident's family member had spoken with him/her in reference to Resident #1 operating his/her motorized wheelchair unsafely around other residents. Additionally, the administrator indicated that s/he didn't think it was a good idea to reveal the resident's name and he just wanted to meet with Resident #1 and discuss the facilities motorized wheelchair policy. Conclusion- This allegation was partially substantied but there were no deficient practices. Allegation #4 - Resident #1 alleged that there were inaccurate information in his/her medical record. Findings- Record review and interviews starting on November 13, 2014 at approximately 11:30 a,m. through December 9, 2014, at approximately 12:30 p.m., revealed the following: Record Review On November 13, 2014, starting at approximately 2:00 p.m., review of Resident #1's clinical record revealed a Physician Order Sheet (POS) signed by the facilities physician on November 13, 2014. The POS contained the following orders: "1, 10/31/14 - Head-to-toe assessment every Wednesday 3-11 shift by charge nurse. 2. Monitor pain level every shift with 0-10 scale

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 12/09/2014 ALR-0018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1330 MASSACHUSETTS AVENUE, NW THE RESIDENCES AT THOMAS CIRCLE WASHINGTON, DC 20005 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X6) COMPLETE (X4) ID PREFIX (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Continued From page 6 notify physician for unmanageable [unmanageable] pain. 3. 05/25/14- Tap water enema per rectal as needed if no bowel movement for 5 days, as needed." - The record falled to evidence that the above listed orders had been conducted. - Review of multiple "Assisted Living Daily Assignment Sheets" dated from July 1, 2014 through October 31, 2014, documented that CNA's provided Resident #1 assistance with showers and/or ADL's. - Review of multiple "ADL Verification Worksheets" dated from November 2, 2014 through November 14, 2014, documented that CNA's provided supervision or limited supervision with eating, personal hygiene, locomotion and/or bathing. KAN TENENSER PERENDE TO THE STATE OF THE STA Interviews - Interview with Resident #1 on November 13, 2014, starting at approximately 11:30 a.m., Resident #1 stated, "CNA records are false and there are doctors orders that are not from my doctor. The orders were never done." - Interview with the ALR manager on November 13, 2014, starting at approximately 12:30 p.m., the ALR manager indicated, "All physician orders that [Resident #1] questioned after reviewing his/her record were discontinued. The physician orders had not been carried out by the staff." - Interview with administrator on December 9, 2014, at approximately 2:00 p.m., the

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R 000	Continued From pa	age 7	R 000			
		ated that the physician orders destioned were general orders and out by staff.				
	approximately 9:50 provided hands on Resident	A #1 on November 20, 2014, at a.m., revealed that s/he had assistance with IADL's for [, 2014 ISP meeting.				
		IA#2 on November 20, 2014, 0:15 a.m., revealed that s/he tance with IADL's;				
	at approximately 10	A #3 on November 20, 2014, 0:25 a.m., revealed that s/he s on assistance with IADL's 014 ISP meeting.				
	This allegation was	partially substantiated.				
51 V 6. 12 W	Allegation #5- Res shower curtain is to be on the floor durin	ident #1 alleged that his/her small which causes water to ng showering.			warring of	1-19-15 ALC:
	Observation					
	p.m., observation o revealed that the sh shorter than the sho was no evidence of	2014, at approximately 1:50 f Resident #1's bathroom nower curtains width was ower rod. Additionally, there water damage to the arpet in front of the bathroom				
	Interview					
		2014, at approximately 1:35 Resident #1 revealed that				

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		YT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		GOWN ELTED	
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-417735	D 000	Continued Eram no	an 0	R 000	The second secon	ma. sales (4 a.).	
	R 000	Continued From pa	ge o	11,000			
		when s/he is taking	a shower the water runs off of				
		him/her and onto th				,	
		- On November 19.	2014, at approximately 2:50				
		p.m., interview with	the administrator and the				
		director of plant ope	eration revealed that Resident				
			complaint previously and they				
			te the problem by installing a				•
		new shower rod and	d curtain on November 29,				1
			rator then stated, "We will	1			
		install a new showe					
		motali a non anono	ourcant.				
		Record Review					
		110001411011011		i			
		- On November 19	2014, at approximately 1:30			ì	
			ork order sheet revealed a			1	
			I shower curtain had been			,	
		installed.	offortor our tall that soon				
		motanou.					
		- On November 21	2014, at approximately 1:30				
		n m an email was s	sent to the surveyor from the				
		administrator that in	dicated the new shower				
			stalled and Resident #1 was				
L. Tarr	STATE CONTACT	satisfied with the ne		english away	TO PROPER STATE OF THE PARTY OF	editor. Company	
		outonou with the ne	III VAI MIIII				
İ		Conclusion- This all	egation was substantiated but				
		there were no defici			R293		
		there were no deno	ent practices.			20	
- 4		Additionally inciden	tal findings were noted during		What corrective action(s) will I		i
	4	this investigation on	d the deficiency is cited in the		accomplished to address the id	dentified	
	1		id the delicioncy is cited in the				- 1
		report below.			deficient practice;		Į.
				B 000	The orders will be re-written to)	1
	R 293	Sec. 504.2 Accomm	nodation Of Needs.	R 293	appropriately reflect that they		1
-	1		to appropriate health and		standing FYI orders or they will	be	1
		social services, inclu	uding social work, home		discontinued per the physician		
		health, nursing, reha	abilitative, hospice, medical,				
		dental, dietary, cour	seling, and psychiatric		resident's preference.		1
		services in order to	attain or maintain the highest				
			10.0				

Health Regulation & Licensing Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING: C 8. WING 12/09/2014 ALR-0018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1330 MASSACHUSETTS AVENUE, NW THE RESIDENCES AT THOMAS CIRCLE WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 293 R 293 Continued From page 9 What measures will be put into place practicable physical, mental and psychosocial well-being; or what systemic changes you will Based on record review and interview, it was make to ensure that the deficient determined that the ALR failed to ensure one (1) practice does not recur; and of (1) residents in the sample had access to appropriate nursing services. (Residents #1) The resident's record will be reviewed once a month for three months and the The finding includes: findings will be reported to QA to On November 13, 2014, starting at approximately ensure accurate documentation. 2:00 p.m., review of Resident #1's clinical record revealed a Physician Order Sheet (POS) signed by the facilities physician on November 13, 2014. How the corrective action(s) will be The POS contained the following orders: monitored to ensure the deficient "1, 10/31/14 - Head-to-toe assessment every practice will not recur, i.e., what Wednesday 3-11 shift by charge nurse. quality assurance program will be 2. Monitor pain level every shift with 0-10 scale implemented. notify physician for unmanageable The resident's record will be reviewed [unmanageable] pain. once a month for three months and the 3. 05/25/14- Tap water enema per rectal as 1000 0000 findings will be reported to QA to needed if no bowel movement for 5 days, as ensure accurate documentation. needed. ' There was no document evidence that the above **Completion Date** listed orders had been done. 1/31/15 During an interview with Resident #1 on November 13, 2014, at approximately 11:30 a.m., Resident #1 stated, "There are doctors orders that are not from my doctor. The orders were never done." During an interview with the ALR manager on November 13, 2014, starting at approximately 12:30 p.m., the ALR manager indicated, "all physician orders that [Resident #1] questioned after reviewing his/her record were discontinued,

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STATEME	REQUIATION & LICENSII NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0018		LE CONSTRUCTION	СОМ	SURVEY PLETED C 09/2014
	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE ITS AVENUE, NW 0005		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
R 293	Then the ALR mans physician orders ha staff'. During an interview December 9, 2014, the administrator in orders that Residen	ager then stated, "The d not been carried out by the with administrator on at approximately 2:00 p.m., dicated that the physician at #1 questioned were general t carried out by staff.	R 293			

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